

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S) 09964885					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51		1			
2		1					52		1			
3			1				53		1			
4			1				54		1			
5			1				55		1			
6			1				56		1			
7			1				57		1			
8			1				58		1			
9			1				59		1			
10			1				60					
11			1				61					
12	1						62					
13			1				63					
14			1				64					
15			1				65					
16			1				66					
17			1				67					
18			1				68					
19			1				69					
20			1				70					
21			1				71					
22			1				72					
23			1				73					
24	1						74					
25			1				75					
26			1				76					
27			1				77					
28			1				78					
29			1				79					
30	1						80					
31			1				81					
32			1				82					
33			1				83					
34			1				84					
35			1				85					
36			1				86					
37			1				87					
38			1				88					
39			1				89					
40			1				90					
41			1				91					
42			1				92					
43			1				93					
44			1				94					
45			1				95					
46			1				96					
47	1						97					
48			1				98					
49			1				99					
50			1				100					
TOTAL IND.		5					TOTAL IND.	5				
TOTAL DEP.							TOTAL DEP.		54			
TOTAL CLAIMS							TOTAL CLAIMS	59				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE  
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